Screening, Brief Intervention and Referral to Treatment (SBIRT) for Older Adults with Alcohol and Psychoactive Medication Use

Integrated Behavioral Health Learning Collaborative
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Learning Objectives

• Understand unique aspects of working with the older adult population from a biopsychosocial perspective

• Gain knowledge of the current prevalence and risks of alcohol and psychoactive medication use/misuse in older adults

• Learn implementation strategies for SBIRT with older adults
Focus on Older Adults

• In 2010, there were 40 million people age 65 and over in the United States
  – 13% of the population

• The older adult population in 2030 is projected to be twice as large as in 2000
  – Nearly 20% of the total U.S. population
Defining “Older Adult”

- Young old 60/65 to 74 years
- Middle old 75 to 85 years
- Oldest old 85 years and over
The Importance of Cohort

• Impacts what is normative
• Informs client values

Baby Boom 1946-1964
Silent Generation 1925-1945
Greatest Generation 1901-1924
Impact of Cohort on Interventions

- Views on substance use and mental health in general
- Perceptions about coping strategies and treatment
- Tendency of older cohorts to have difficulty identifying feelings; somatize
Medical and Psychosocial Issues as We Age

- Loss (roles, driving, social or economic status, loved ones)
- Financial problems
- Mental health
- Transitions in housing
- Social isolation
- Caregiving
- Complex medical problems
- Multiple medications
- Reduced mobility
- Cognitive impairment or loss
- Sensory deficits
Psychosocial Tasks of Aging

- Essential psychological task: coping with loss, fear, dependency
- To maintain a stable and coherent self
- Have to draw on a lifecycle that is far more nearly completed than yet to be lived
- Need to accept inalterability of past, unknowability of future
- Sense of having a legacy, see one's life as meaningful
Typical Substances Used by Older Adults

- Alcohol
- Psychoactive medications
- Illicit drugs
Alcohol Use

• Depends on definition of at-risk or problem drinking:
  – 1-15% of older adults are at-risk or problem drinkers
• Differs with sampling approach
• Alcohol use problems are the most common substance issues for older adults
  – Confounded by prescription, herbal, and over-the-counter medications
My Doctor said "Only 1 glass of alcohol a day". I can live with that.
“Safe” Drinking Guidelines

Per National Institute on Alcohol Abuse and Alcoholism

• Adults over age 65 who are healthy and do not take medications
  – No more than 7 standard drinks per week
  – On any drinking day, no more than 3 standard drinks

• Abstinence recommended for individuals with medical conditions or those with multiple medications
Age Related Physical Changes

Normal aging changes the way alcohol and medications are absorbed, metabolized, distributed and removed from the body.

- May result in quicker intoxication from alcohol
- Certain medications are more concentrated and potent
- Slower metabolism of alcohol makes it easier to become intoxicated
- Some medications accumulate in the body because they are metabolized too slowly
- Alcohol and medications stay in the body longer, so effects are prolonged and additive
- Medications are less immediate and more prolonged effect
Medical Risks

1 or More Drinks per Day
• Gastritis, ulcers, liver and pancreas problems

2 or More Drinks per Day
• Depression, gout, GERD, breast cancer, insomnia, memory problems, falls

3 or More Drinks per Day
• Hypertension, stroke, diabetes, gastrointestinal diseases, cancer of many varieties
• 25% of older adults use prescription psychoactive medications with abuse potential

• Most of these drugs are obtained legally and not typically used to “get high”

• Misuse and abuse of these drugs by older adults is usually unintentional (at present)
# Opioid Pain Medications

## Medications for Pain:

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine</td>
<td>Butrans Skin Patch, Stadol Nasal Spray</td>
</tr>
<tr>
<td>codeine and acetaminophen</td>
<td>Tylenol #2, Tylenol #3, Tylenol #4, Capital with codeine</td>
</tr>
<tr>
<td>codeine and aspirin</td>
<td>Empirin with codeine</td>
</tr>
<tr>
<td>codeine, butalbital, aspirin, caffeine</td>
<td>Fiorinal with codeine</td>
</tr>
<tr>
<td>fentanyl lozenge</td>
<td>Actiq Lozenge /Lollipop</td>
</tr>
<tr>
<td>fentanyl skin patch</td>
<td>Duragesic Skin Patches</td>
</tr>
<tr>
<td>hydrocodone and acetaminophen</td>
<td>Vicodin, Vicodin ES, Lorcet, Lorcet Plus, Lortab, Anexsia, Maxidone, Norco, Zamicet, Zydone</td>
</tr>
<tr>
<td>hydrocodone and aspirin</td>
<td>Panasal 5/500, Lortab ASA</td>
</tr>
<tr>
<td>hydromorphone</td>
<td>Dilaudid, Dilaudid HP, Exalgo</td>
</tr>
<tr>
<td>meperidine</td>
<td>Demerol</td>
</tr>
<tr>
<td>methodone</td>
<td>Dolophine</td>
</tr>
<tr>
<td>morphine</td>
<td>MS Contin, Kadian, Atramorph, Avinza, MS IR, Roxanol</td>
</tr>
<tr>
<td>oxycodone immediate release</td>
<td>OxyIR, Endocodone</td>
</tr>
<tr>
<td>oxycodone controlled release</td>
<td>OxyContin</td>
</tr>
<tr>
<td>oxycodone and acetaminophen</td>
<td>Percocet, Tylox, Roxicet, Endocet,</td>
</tr>
<tr>
<td>oxycodone and aspirin</td>
<td>Percodan, Roxipirin, Endodan</td>
</tr>
<tr>
<td>pentazocine</td>
<td>Talwin</td>
</tr>
<tr>
<td>tramadol</td>
<td>Rybix, Ryzolt, Ultram</td>
</tr>
</tbody>
</table>
# Benzodiazepines

## Medications for Anxiety/Sleep

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam</td>
<td>Xanax</td>
</tr>
<tr>
<td>Clorazepate</td>
<td>Tranxene</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Valium</td>
</tr>
<tr>
<td>Estazolam</td>
<td>ProSom</td>
</tr>
<tr>
<td>Flurazepam</td>
<td>Dalmame</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>Ativan</td>
</tr>
<tr>
<td>Oxazepam</td>
<td>Serax</td>
</tr>
<tr>
<td>Quazepam</td>
<td>Doral</td>
</tr>
<tr>
<td>Temazepam</td>
<td>Restoril</td>
</tr>
<tr>
<td>Triazolam</td>
<td>Halcion</td>
</tr>
</tbody>
</table>
Illicit Drug Use: 2002-2013

*Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.*
Figure 4. Type of Illicit Drug Combinations Used in the Past Year among Adults Aged 50 or Older Who Used Illicit Drugs in the Past Year, by Gender: 2007 to 2009

- **Males**
  - Marijuana Use Only: 49.2%
  - Nonmedical Use of Prescription-Type Drugs Only: 23.4%
  - Marijuana Use with Nonmedical Use of Prescription-Type Drugs Only: 7.4%
  - Marijuana with Other Illicit Drug Use Only: 7.0%
  - Other Illicit Drug Use Only: 5.0%

- **Females**
  - Marijuana Use Only: 38.8%
  - Nonmedical Use of Prescription-Type Drugs Only: 44.4%
  - Marijuana Use with Nonmedical Use of Prescription-Type Drugs Only: 6.8%
  - Marijuana with Other Illicit Drug Use Only: 3.6%
  - Other Illicit Drug Use Only: 3.3%
  - Other Combinations: 3.1%

Source: 2007 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Barriers to Addressing SUD in Older Adults

- Ageist assumptions
- Life-long abuse behavior versus other use behaviors
- Failure to recognize symptoms
- Lack of knowledge about screening
- Attempts at self-diagnosis or description of symptoms attributed to aging process or disease
- Many do not self-refer or seek treatment
Signs and Symptoms

- Anxiety
- Blackouts
- Dizziness
- Depression
- Disorientation
- Falls, bruises, burns
- Family problems
- Financial problems
- Headaches
- Incontinence
- Increased tolerance to alcohol
- Legal difficulties
- Memory Loss
- Mood swings
- Problems in decision making
- Poor hygiene
- Seizures
- Sleep problems
- Social isolation
- Unusual response to medications
• Project GOAL (Guiding Older Adult Lifestyles)
  – Physician advice for older adult at-risk drinkers led to reduced consumption at 12 months

• Health Profile Project
  – Older adult specific motivational enhancement session conducted in-home reduced at-risk drinking at 12 months
• Pre-screening

• Screening using tools validated with older adult population

• Scripted “Brief Intervention Workbook”
Testing the Model

• Florida BRITE Project (Brief Intervention and Treatment for Elders)
  – First federally funded SBIRT project that focuses specifically on the older adult (55+)
• Screening took place in:
  – Hospital emergency rooms
  – Urgent care centers and clinics
  – Primary care practices
  – Aging services
  – Senior housing
  – Private homes
• Outcomes
  – Statistically significant reductions in use of alcohol, medications, and illicit drugs, as well as reduced symptoms of depression
Prescreen Targeted Questions

- During the past 3 months, have you used any of these prescription medications for pain for problems like back pain, muscle pain, headaches, arthritis, fibromyalgia, etc.?
  __Yes  __No

- During the past 3 months, have you used any of these prescription medications to help you fall asleep or for anxiety or for your nerves or feeling agitated?
  __Yes  __No

- In the past 3 months, have you had anything to drink containing alcohol (beer, wine, wine cooler sherry, gin, vodka or other hard liquor)?
  __Yes  __No

Yes to any question moves to full Screening
Screening

- Comprehensive questionnaire focused on substance consumption and consequences

- **Positive Screen:**
  - Any use of both alcohol and medication
  - Alcohol Use:
    - 14 or more drinks/week (men)
    - 10 or more drinks/week (women)
    - 2 or more binge occasions in the last 3 months
      - 4 or more drinks/occasion for men
      - 3 or more drinks/occasion for women
  - Medication Use:
    - Score based on response to 5 questions related to consequences of use (ASSIST)
Alcohol Use Disorders Identification Test (AUDIT)
• pubs.niaaa.nih.gov/publications/Audit.pdf

Michigan Alcoholism Screening Instrument- Geriatric Version (MAST-G)
• www.ssc.wisc.edu/wlsresearch/pilot/P01-R01_info/aging_mind/Aging_AppB5_MAST-G.pdf

Alcohol Smoking and Substance Involvement Screening Test (ASSIST)
• www.who.int/substance_abuse/activities/assist_test/en/
Brief Intervention

- Identify future goals (related to physical/mental health, social life/relationships, finances, etc)
- Summary of health habits
- Psychoeducation on standard drinks, level of consumption and physical changes with aging and substances
- Types of older drinkers in U.S.
- Psychoeducation on interaction of alcohol and medications
- Consequences of at-risk drinking or medication misuse (discuss positive and negative effects)
- Reasons to quit or cut down
- Agreed-upon plan
- Handling risky situations or triggers
- Visit summary
• Rush Health and Aging (RHA) offers innovative programs and services designed to measurably improve health and quality of life. From direct care coordination to health promotion and disease prevention to research and education, our mission is to promote wellness by improving access to psychosocial and medical resources for patients, those who care for them and the community.
  – Health Promotion and Disease Prevention
  – Social Work Services
  – Transitional Care
  – Resource Centers
  – Rush Generations membership program
• 2-year grant from The Retirement Research Foundation

• Goals:
  – Understand best practices and how to integrate SBIRT into services
  – Identify individuals age 60 and older at risk for alcohol and/or psychoactive medication misuse and provide appropriate intervention

• Universally screen clients in the following settings:
  – Rush Generations events
  – Social Work Services
  – Transitional Care Services
  – Rush University Senior Care (primary care practice)
  – City of Chicago Department of Family and Support Services Senior Centers
  – Emergency Department
• **Pre-screen** conducted by staff interview or self-administered paper and pencil questionnaire
  – Staff performed face to face and by telephone
  – All clients received written education materials

• **Screening** and **BI** conducted by single staff person or social work interns
  – Screening performed face to face and by telephone
  – BI performed in person

• Electronic health record was referenced as needed to clarify self-screening forms
Results

4,352 Total Prescreened

2,593 (60%) Prescreened positively

2,593 Prescreened positively

1,415 denied further follow-up

1,178 agreed to further follow-up

1,759 (40%) Prescreened negatively

1,759 Prescreened negatively

66 (38%) Received Brief Intervention

170 (14%) Screened positively

671 (57%) Screened negatively

91 (8%) Refused screening

246 (21%) Unable to screen

Referral to Treatment = 1
Implementation Lessons Learned

- Staff felt more stigma than the older adult
- Focus on integration and single time of intervention
- “Padding” prescreen form to include additional health and wellness questions
- Engage committed “Champions” to make the program a success
- Make adaptations based on specific sites
- Engage community partners to reach more older adults
Rush University Life Course SBIRT Training

- SAMHSA grant
- Aims to train medical residents and nursing students to provide SBIRT services
  - SBIRT training to replace the current substance abuse curriculum in each department
  - Life-course perspective on training aims to make SBIRT services available to patients of all ages
- Training began in mid-January 2015
  - Didactic lectures
  - Interactive internet-based program
    - SBIRT in Primary Care (SBIRT-PC)
Aging Resources

Illinois Coalition on Mental Health and Aging
• www.ilcmha.org

Illinois Coalition on Substance Use and Aging
• Christine McCall, LCSW, CADC
• cmccall@peerservices.org
• 847-492-1778 x 1319

University of Chicago School of Social Service Administration Social Work with Older Adults Professional Development Program
• www.ssa.uchicago.edu/social-work-older-adults

American Society on Aging
• www.asaging.org
Thank you!

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312-563-2703
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References

• Barry, K.L., Blow, F.C., Schonfeld, L. (2004). Health promotion workbook for older adults (adapted to include medication misuse).
• Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.